

**Michigan Department of Transportation
Technological Services Division
Office of Equal Opportunity**

**Disadvantaged Business Enterprise (DBE) Program
SUBSCRIPTION SERVICES PROGRAM APPLICATION**

Instructions: Return completed form with supporting documentation to: Michigan Department of Transportation, Office of Equal Opportunity, Business Development and Services Section, P.O. Box 30050, Lansing, Michigan 48909. If you need assistance, please contact MDOT at 248-967-0570 ext. 15.

Use a separate form for each request

Firm Name:		Federal ID Number:	
Firm Address:		City	State Zip
Telephone Number:		Fax Number:	
Name of Subscription:			
Period of Subscription:		Cost of Subscription:	Semi-Annually Annually
From:	To:	\$	
Who will have access to this subscription:			

This subscription will benefit my firm by: (Be specific as this will be the major factor in determining eligibility and attach additional sheets as necessary)

Staple proposed subscription information here (include cost documentation).

I certify that all information presented in this application is factual and true.

Authorized Name (Please Print):	Title:
Authorized Signature:	Date:

MDOT USE ONLY

Approved Amount
\$

Approved Date